

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
OGAWA	ROBERT	T.	808 / 521-4265
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 3105			808 / 545-8369
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
OGAWA AND ASSOCIATES			808 / 521-4265
MAILING ADDRESS (Street)			FAX
			808 / 545-8369
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	

Part II ORGANIZATION

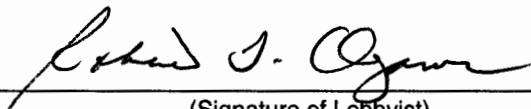
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	PHONE	
UNITED HEALTHCARE SERVICES, INC., d/b/a EVERCARE	952-936-1300	
MAILING ADDRESS (Street)	FAX	
9900 Bren Road East	952-936-6902	
(City)	(State)	(Zip Code)
Minnetonka,	MN	55343
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
MIKE RADU	703 / 287-3067	
MAILING ADDRESS (Street)	FAX	
8045 Leesburg Pike, Suite 650	703 / 506-3556	
(City)	(State)	(Zip Code)
Vienna,	VA	22182

Part III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

5-18-05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Sheila McMillan, COO

NAME OF ORGANIZATION (if applicable)

TELEPHONE

EVERCARE

952-936-7105

MAILING ADDRESS (Street)

FAX

9900 Bren Road East

952-936-6902

(City)

(State)

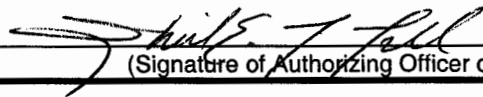
(Zip Code)

Minnetonka,

MN

55343

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

5/2/05

(Date)